

Table of Contents

Deadlines

Older Americans Act

Title 22 – California Code of Regulations

Frail

CURFFL

Section I – General Information I-1

Purpose I-1

Goals and Objectives I-1

Definitions I-1

Target Population I-4

Senior Nutrition Providers I-4

Nutrition Sites I-5

Section II – Program Description and Eligibility Requirements II-1

C-1 Congregate Meal Program II-1

C-2 Home Delivered Meal Program II-1

Definition of Frail II-2

Section III – Selection of Providers III-1

RFP Process III-1

Vendor Conference III-1

Proposal/Application III-1

Awarding of Contract III-2

Responsibilities of the Contractor III-2

Section IV – Staffing Requirements and Responsibilities IV-1

DAAS Registered Dietitian-Qualifications IV-1

DAAS Nutritionist Requirements IV-1

Staff Qualifications IV-2

Program Registered Dietitian IV-3

General Requirements IV-3

Food Service Personnel IV-4

Volunteers IV-4

Staff/Volunteer Training IV-5

Section V – Reporting and Recordkeeping V-1

Program Reporting V-1

Nutrition Monthly Service Unit Report Guidelines V-1

Completed By and Date V-2

Nutrition Monthly Services Unit Report V-3

Verification Report V-5

Deadlines of Required Documents V-5

Section V – Reporting and Recordkeeping (Continued)

Client Intake Sheet	V-6
Monthly Nutrition Report	V-7

Section VI – Permits and Licenses **VI-1**

Section VII – Meal Requirements **VII-1**

Meal Components and Requirements	VII-1
Vitamin A Sources	VII-4
Vitamin C Sources	VII-5
Nutritional Analysis	VII-6
Winter Cycle Menu – 2004	VII-7

Section VIII – Congregate Meal Program **VIII-1**

Eligibility	VIII-1
General Information	VIII-1
Nutrition Education	VIII-2
Senior Nutrition Program Food Safety Standards	VIII-3

Section IX – Home Delivered Nutrition Services **IX-1**

Eligibility	IX-1
Requirements	IX-2
Nutrition Education Series	IX-2

Section X – Food Service Operation **X-1**

Cleaning Schedule	X-1
Production Schedule	X-2
Temperature Logs	X-2
Refrigerator and Freezer Temperature Log	X-2
Food Temperature Logs	X-3
Inventory Records	X-3
Purchasing Practices	X-3
Portion Control	X-3
Portion Control Tools	X-4
Handling Leftovers	X-4

Section XI – Department Policies **XI-1**

“Offer versus Serve”	XI-1
Donation	XI-1
Guest Fees	XI-3
Sub-Contracting	XI-4
Insurance Requirements	XI-5
No Soliciting	XI-6
Opening/Closing or Relocation of Nutrition Sites	XI-6

Section XI – Department Policies (Continued)

Food-Borne Illness Complaint Procedures	XI-8
Project/Contract Registered Dietitian – Shall.....	XI-9
Withholding Funds (Handout)	XI-9
Senior Nutrition Program Policy	XI-10

Section XII – Safety and Emergency Procedures**XII-1**

First Aid Kit	XII-1
Fire Evacuation Drills/Emergency Preparedness	XII-1
Emergency Food Supply	XII-1

Section XIII – Program Compliance**XIII-1**

Food Service Monitoring	XIII-1
Administrative and Management Monitoring	XIII-1
Monitoring Report	XIII-1
DAAS Senior Nutrition Program – Action Plans	XIII-2
Monitoring Tool (Food Service)	XIII-3
Monitoring Tool (Administration)	XIII-6

Sample Personnel Policy

Contract RD Duties

Menu (Sample)

Dietary Guidelines for Americans

Food Guide Pyramid

Nutrition Education Lending Library

Adult Abuse Reporting

Environmental Health

Food Facility Self-Inspection Checklist

Nutrition Education Plan (Sample)

Fiscal

Section 1 – General Information

The Elderly Nutrition Program, also known as the Senior Nutrition Program, was established in 1972 as part of the Older Americans Act. The program is a vital link in maintaining the health of older individuals living in the County of San Bernardino.

The Department of Aging and Adult Services has administered the program in San Bernardino County for the past 24 years.

Purpose

The purpose of the Senior Nutrition Program is to provide nutrition services as described in the Older Americans Act (OAA) of 1965, as amended, and to assist older individuals in California to live independently, by promoting better health through improved nutrition, and reduced isolation through programs coordinated with nutrition-related supportive services.

Goals and Objectives

The goal and objectives are to maintain or improve the physical, psychological, and social well-being of older individuals in California, by providing or securing appropriate nutrition services. The objectives of the Senior Nutrition Program are to:

•	Give preference to older Californians in greatest economic or social need with particular attention to low-income minority individuals.
•	Serve meals that provide one-third of the Recommended Dietary Allowances (RDAs) and are safe and of good quality.
•	Promote and maintain high food safety and sanitation standards.
•	Promote good health behaviors through nutrition education and nutrition screening of participants.
•	Promote or maintain coordination with other nutrition-related supportive services for older individuals.

Definitions

The following definitions apply to Nutrition Programs:

Term	Definition
CURFFL	Means the California Uniform Retail Food Facilities Law, which is a uniform statewide health and sanitation standard for food facilities, found in Section 113700 et seq., California Health and Safety Code.

Continued on next page

Section 1 – General Information, Continued

Definitions (continued)

Term	Definition
Disability	Means a condition attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in one or more of the following areas of major life activity: <ul style="list-style-type: none">• Self-Care• Receptive and expressive language• Learning• Mobility• Self-direction• Capacity for independent living• Economic self-sufficiency• Cognitive functioning• Emotional adjustment
Elderly Nutrition Program	Means a program that provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and which shall be provided in accordance with the provisions of this article.
HACCP	Means “Hazard Analysis Critical Control Point”
HACCP Plan	Means a written document that delineates the formal procedures for following the HACCP principles that were developed by the National Advisory Committee on Microbiological Criteria for Foods and complies with the requirements of Section 114055, Health and Safety Code.

Continued on next page

Section 1 – General Information, Continued

Definitions (continued)

Term	Definition
HACCP Principles	Means the seven basic steps at HACCP which are: <ul style="list-style-type: none">• The completion of hazard analysis identification by identifying the likely hazards to consumers presented by a specific food.• The determination of critical control points in receiving, storage, preparation, display, and dispensing of food.• The setting of measurable critical limits for each critical control point determined.• Developing and maintaining monitoring practices to determine if critical limits are being met.• Developing and utilizing corrective action plans when failure to meet critical limits is detected.• Establishing and maintaining a recordkeeping system to verify adherence to a HACCP plan.• Establishing a system of audits to:<ul style="list-style-type: none">- Initially verify the effectiveness of the critical limits set and appropriateness of the determination of critical control points.- Periodically verify the effectiveness of the HACCP plan
Nutrition Counseling	Means provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a registered dietitian in accordance with Sections 2585 and 2586, Business and Professions Code.
Nutrition Education	Means informing recipients of congregate and home-delivered meals about current facts and information which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices.
Nutrition-related Supportive Services	Means outreach, transportation, food shopping assistance, and escort of a participant to nutrition sites.

Continued on next page

Section 1 – General Information, Continued

Definitions (continued)

Term	Definition
Nutrition Screening	Means completion of a nutrition screening checklist by eligible individuals to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Vol 569, No. 188, September 29, 1994.
Nutrition Services	Means the procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling, to eligible individuals at congregate sites or in their homes.
Older Individual	Means a person sixty (60) years of age and older
Provider	Means an entity providing nutrition services. The provider may either be an AAA providing nutrition services directly with Department approval in accordance with subsection 7320(c) of this Division, or an entity under contract with an AAA to provide nutrition services in accordance with Section 7352 of this Division.
Registered Dietitian	Means a person who shall be both: <ul style="list-style-type: none">• Qualified as specified in Sections 2585 and 2586, Business and Professions Code.• Registered by the Commission on Dietetic Registration.
Volunteer	Means an individual who provides services without pay, but may receive reimbursement for expenses.

Target Population

The program serves seniors 60 years of age or older, with preference given to those in greatest economic or social need and to low-income, multi-ethnic individuals.

Senior Nutrition Providers

Following are the nutrition providers:

Name	Address/Phone
Asian American Resource Center	1115 South “E” Street, San Bernardino, CA 92408 (909) 383-0164

Continued on next page

Section 1 – General Information, Continued

Senior Nutrition Providers (continued)

Name	Address/Phone
Big Bear Valley Recreation & Park Dist	P O Box 2832, Big Bear Lake, CA 92315
Bonnie Baker Senior Club	149350 Ukiah Trail, Big River, CA 92242 (760) 665-2667
City of Montclair	5111 Benito Street, Montclair, CA 91763 (909) 625-9453
City of San Bernardino	547 N. Sierra Way, San Bernardino, CA 92410 (909) 384-5031
Community Action Partnership	686 E. Mill Street, San Bernardino, CA 92415 (909) 891-3925
Hi-Desert Meals on Wheels	15075 Hesperia Road, Victorville, CA 92393 (760) 629-2371
Hinkley Senior Center	35997 Mountain View, Hinkley, CA 92347 (760) 253-4677
Oldtimers Foundation	8572 Sierra Avenue, Fontana, CA 92335 (909) 822-4493
Lucerne Valley Senior Club	P O Box 1825, Lucerne Valley, CA 92356 (909) 248-2248

Nutrition Sites Following are the nutrition sites:

Site Name	Address
Adelanto Senior Center	11565 Cortez, Adelanto, CA 92301
Asian American Resource Center	1115 South “E” Street, San Bernardino, CA 92408
Big Bear Valley Recreation & Park Dist	P O Box 2832
Bloomington Senior Dining Room	18317 Valley Blvd, Bloomington, CA 92316
Bonnie Baker Senior Center	149350 Ukiah Trail, Big River, CA 92242
Church of the Valley	14933 Wakita, Apple Valley, CA 92307
Chino Senior Center	13170 Central Avenue, Chino, CA 91710
Dino Papavero Center	16707 Marygold, Fontana, CA 92335
Montclair Community Center	5111 Benito Street, Montclair, CA 91763
Hesperia Senior Center	9333 “E” Avenue, Hesperia, CA 92345

Continued on next page

Section 1 – General Information, Continued

Nutrition Sites (continued)

Site Name	Address
Highland Senior Center	3102 E. Highland, Highland, CA 92346
Lucerne Valley Senior Center	10431 Allen Way, Lucerne Valley, CA 92356
Lytle Creek Recreation Center	380 South “K” Street, San Bernardino, CA 92410
Mojave Valley Senior Center	555 Melissa, Barstow, CA 92311
Needles Senior Center	1699 Bailey Street, Needles, CA 92363
Nuevo Senior Center	8565 Nuevo, Fontana, CA 92335
Ontario Multipurpose Center	225 E. “B” Street, Ontario, CA 91761
Perris Hill Senior Center	780 E. 21 st Street, San Bernardino, CA 92411
New Hope Family Center	1505 W. Highland Avenue, San Bernardino, CA 92411
Rancho Cucamonga Neighborhood Center	9791 Arrow Highway, Rancho Cucamonga, CA 91730
Rialto Senior Center	1411 S. Riverside Avenue, Rialto, CA 92376
Rudy Hernandez Nutrition Site	222 N. Lugo, San Bernardino, CA 92408
Senior Citizens Center	600 W. 5 th Street, San Bernardino, CA 92410
Covington Park Community Center	11165 Vale Drive, Morongo Valley, CA 92256
Delmann Heights Community Center	2969 N. Flores, San Bernardino, CA 92405
Grand Terrace Community Center	22627 Grand Terrace, Grand Terrace, CA 92324
Hinkley Senior Center	35997 Mountain View Road, Hinkley, CA 92347
The Home of the Neighborly Service	839 N. Mt Vernon Avenue, San Bernardino, CA 92411
Joshua Tree Community Center	6171 Sunburst Avenue, Joshua Tree, CA 92252
Larry Lawrence Hutton Center	660 Colton Avenue, Colton, CA 92324
Neighborhood Multi-Service	6539 Adobe Road, 29 Palms, CA 92277
Pete Luque Center	292 E. “O” Street, Colton, CA 92324
Redlands Community Center	111-A W Lugonia, Redlands, CA 92374
Scherer Senior Center	12202 First Street, Yucaipa, CA 92399
29 Palms	6539 Adobe Road, 29 Palms, CA
Upland Senior Center	215 North 3 rd , Upland, CA 91786

Victorville Senior Center	15075 Hesperia Road, Victorville, CA 92392
Wonder Valley Community Center	80256 ½ Amboy Road, Wonder Valley, CA 92277
Yucca Valley Senior Center	57088 29 Palms Highway, Yucca Valley, CA 92284

Section II: Program Description and Eligibility Requirements

The Senior Nutrition Program provides nutrition services to seniors who are able to attend a senior nutrition site and to those that are homebound.

The program has two parts:

C-1 Congregate Meal Program

C-1 refers to the Congregate Nutrition Services provided meals in group settings. Services also include nutrition and health promotion, education, and opportunities for socialization.

Eligibility	Individuals eligible to receive a meal at a congregate nutrition site are:
1	Any older individual, 60 years of age or older.
2	The spouse of any older individual.
3	A person with a disability, under age sixty (60) who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
4	A disabled individual who resides at home with and accompanies an older individual who participates in the program.
5	A volunteer under age sixty (60) may be offered a meal if doing so will not deprive an older individual of a meal.
6	A written policy for providing and accounting for volunteer meals shall be developed and implemented.

C-2 Home Delivered Meal Program

C-2 refers to the Home Delivered Meal Services. This service is available to seniors that are unable to attend the congregated site due to illness, incapacity, or disability or who are otherwise isolated. Referral to the home-delivered meal program is usually made by a hospital, a family member, or other referral service. The homebound senior receives either a hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day. In addition, nutrition education is provided.

Eligibility	Individuals eligible to receive a home-delivered meal are:
1	Any older individual who is frail, as defined in Section 7119 of this Division, and homebound by reason of illness, disability, or isolation.

Continued on next page

Section II: Program Description and Eligibility Requirements, Continued

C-2 Home Delivered Meal Program (continued)

Eligibility	Individuals eligible to receive a home-delivered meal are:
2	Spouse of a person in subsection (c) (1) above, regardless of age or condition, if an assessment concludes that it is in the best interest of the homebound older individual.
3	An individual with a disability who resides at home with older individuals if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.
4	Priority shall be given to older individuals in (c) (1) above.

Definition of Frail

The term “*frail*” means, that an older individual is determined to be functionally impaired because the individual either:

A	Is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing, or supervision.
B	Due to cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others. (<i>Older Americans Act of 1965 and its amendments</i>)

Section III – Selection of Providers

RFP Process The Department of Aging and Adult Services awards a nutrition services contract by competitive bid process. Every three years a Request for Proposal (RFP) is mailed to prospective vendors.

Types of Providers	Qualifications/Conditions
Congregate or Home-Delivered Meals Services	The Department may award contracts for nutrition services to providers who furnish either congregate or home-delivered meals or both.
Profit-Making Providers	The Department shall secure approval from the California Department of Aging for any proposed contracts with a profit-making service provider.
Special Interest Groups	Programs operated by special interest groups, such as churches, social organizations, homes for the elderly, senior housing developments, etc., shall not limit participation to their own membership, or otherwise show preferential treatment for such membership. Programs with a special interest membership shall develop and implement a plan for outreach to eligible non-member individuals.
Preference for Voluntary Providers	Consistent with the requirement of this subsection and to the extent feasible, the AAA shall give consideration in the furnishing of home-delivered meals to the use of organizations which have: <ul style="list-style-type: none">• Demonstrated an ability to provide home-delivered meals efficiently and reasonably; and• Preference shall be given to applicants possessing food service management skills. Persons with these skills may include dietitian, food service manager, or a home economist with education and experience in food service management.

Vendor Conference A mandatory vendor conference is held in three areas of the county to allow prospective contractors the opportunity to become acquainted with the program requirements.

Proposal/ Application A proposal or an application is submitted on the deadline date by 4:00 pm. An original proposal/application which may be bound, and five (5) unbound copies are required.

Continued on next page

Section III – Selection of Providers, Continued

Proposal/ Application (continued)

Awarding of the Contract

After the deadline of the submission of the proposal/application, the evaluation team is given copies of the proposal/application along with the scoring criteria.

Contracts will be awarded based on a competitive selection of proposals received.

The contents of the proposal of the successful proposal/application will become contractual obligations and failure to accept these obligations in a contractual agreement may result in cancellation of the award.

Any contract resulting from the RFP/RFA will be awarded by final approval of the San Bernardino County Board of Supervisors.

Responsibilities of the contractor

Each elderly nutrition program shall:

1	Provide at least one (1) meal per day
2	Serve meals at least five (5) days per week throughout the service area, but not necessarily five (5) days per week at each site.
3	Operate at a lesser frequency in a service area where such frequency is not feasible and a lesser frequency is approved by the Department if the AAA is directly providing the services, or the AAA if the services are being provided under contract.
4	Comply with the CURFFL and their local health department regarding safe and sanitary preparation and service of meals.
5	Comply with the Division of Occupational Safety and Health (Cal/OSHA), California Department of Industrial Relations requirements regarding staff and participant safety.
6	At a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities.
7	Conduct a nutrition screening of congregate and home-delivered meal participants in accordance with Federal requirements found in Section 339 of the OAA (42 U.S.C. 3030g-21).

Continued on next page

Section III – Selection of Providers, Continued

Responsibilities of the contractor (continued)

8	Where feasible and appropriate, make arrangements for the availability of meals to participants during a major disaster, as defined in 42 U.S.C. 5122(2).
9	When it is known or reasonably suspected that a program participant has been the victim of abuse, report the abuse to the authorities in accordance with Section 15630, Welfare and Institutions Code.

Section IV: Staffing Requirements and Responsibilities

DAAS Registered Dietician – Qualifications

The Department of Aging and Adult Services' Dietician shall possess all of the following qualifications:

- Registration with the Commission on Dietetic Registration
- Three yeas of professional experience in nutrition and dietetics, food service management, geriatric nutrition or community nutrition. One year of experience in food service management is highly recommended. Completion of one year of dietetic internship may be substituted for one year of experience.
- Post graduate course work and/or a graduate degree in nutrition, dietetics, institutional food service management, public health nutrition, home economics with an emphasis in nutrition and food service management, or gerontology is desirable. Possession of a master's degree is encouraged but not mandatory; and,
- Consideration is to be given to RD eligible applicants when there are no RD candidates. Continued employment would be contingent upon achievement of the RD and consultation with the Department.

DAAS Nutritionist Requirements

The department shall provide consultation for nutrition services by a dietitian as defined within these procedures to ensure that nutrition services and funds are effectively administered. The dietitian shall:

1	Participate in developing AAA policy, procedures, and standards;
2	Participate in developing and evaluating the AAA's Request for Proposal;
3	Conduct on-site monitoring of nutrition service providers;
4	Annually assess each nutrition service provider on –site to evaluate the provision of nutrition services;
5	Provide technical assistance to other agency personnel and nutrition service providers;
6	Approve and certify menus prior to use;
7	Monitor service provider provision of nutrition education, and in-service training of food services staff and volunteers;
8	Participate in needs assessments and area plan development;

Continued on next page

Section IV: Staffing Requirements and Responsibilities, Continued

DAAS Nutritionist Requirements (continued)

9	Monitor the AAAs and nutrition providers' reporting data;
10	Conduct problem solving and information sharing among service provider dietitians;
11	Review and approve nutrition-related contracts (food service, program dietitian). Monitor contracts for adherence, quality, and effectiveness;
12	Serve as liaison on nutrition issues with the nutrition staff of the Department, county health departments, cooperative extension services, and nutrition councils;
13	Attend workshops and conferences to promote professional growth and competence;
14	Participate in the Senior Affairs Commission Nutrition Committee; and
15	Facilitate the quarterly Nutrition Providers meetings.

Staff Qualifications: Program Manager

(a)	The nutrition services provider shall have a manager on staff who shall conduct the day-to-day management and administrative functions of the Elderly Nutrition Program, and either have (1), (2), or (3): (1) Possess an associate degree in institutional food service management, or a closely related field, such as, but not limited to, restaurant management, plus two (2) years experience as a food service supervisor, or,
	(2) Demonstrate experience in food service, such as, but not limited to, cooking at a restaurant, and within twelve (12) months of hire successfully complete a minimum of twenty (20) hours specifically related to food service management, business administration, or personnel management at a college level. Prior to completion of meeting the hours, this individual's performance shall be evaluated through quarterly monitoring by a registered dietitian, or,

Continued on next page

Section IV: Staffing Requirements and Responsibilities, Continued

Staff Qualifications: (continued)

(b)	Personnel. There shall be, at a minimum, a manager as required in (a) above, and a paid staff or volunteer as required in subsection 7638.1(b)(1) below. There shall also be a sufficient number of qualified staff with the appropriate education and experience to carry out the requirements of the Program. The total number of staff shall be based on the method and level of services provided, and size of the service area.
(c)	Preference to older individuals. Preference shall be given to hiring older individuals subject to the qualifications of the position.
(d)	Volunteer Services. Volunteers shall be recruited and used in any phase of program operations where qualified.

Program Registered Dietitian

Each provider shall establish and administer nutrition services with the advice of a registered dietitian in accordance with Section 339 of the OAA (42 U.S.C. 3030g-21), and follow the general requirements in Section 7500 of this division.

General Requirements

Following are requirements for the Program Registered Dietitian (Contract)

1	At a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities.
2	Shall review and approve the content of staff training prior to presentation. All staff, paid and volunteer shall be oriented, and trained to perform their assigned responsibilities and tasks. A minimum of 4 hours shall be provided annually.
3	Write or review the monthly or cycle menus and sign off that they meet the federal and state regulations. Approve the menu changes.

Continued on next page

Section IV: Staffing Requirements and Responsibilities, Continued

General Requirements (continued)

4	Develop, review, or implement a yearly nutrition education plan for participants. Shall be provided a minimum of four (4) times per year to participants in congregate and home-delivered meal programs. RD shall provide input, review, and approve the content nutrition education prior to presentations.
5	Nutrition counseling: each provider should have written policies and procedures which ensures that it is provided. Nutrition counseling may be provided when feasible and appropriate.

Food Service Personnel

Following are requirements for Food Service Personnel:

1	Depending upon the type of program, service and size of the program, the Senior Nutrition Provider will employ a certain number of employees.
2	If the contractor has a congregate site, they may employ a site manager, cook, and dishwasher.
3	If a home-delivered meal provider is the choice of the Provider, an outreach worker, a supervisor, and drivers will be adequate. However, the determination is based on size of the service area, method and level of service and financial resources.

Volunteers

Volunteers shall be recruited and used in any phase of program operations, where qualified. Volunteers shall:

1	Be screened and selected through a process that assesses their capabilities.
2	Adhere to all policies and procedures of the provider.

Staff/Volunteer Training Following are staff/volunteer training requirements:

(a)	All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks. Training, at a minimum, shall include: <ul style="list-style-type: none">• Food safety, prevention of food borne illness, and HACCP principles.• Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
(b)	A yearly written plan for staff training shall be developed, implemented, and maintained on file by the nutrition services provider, as required in subsection 7636.7(c). The training plan shall identify who is to be trained, who will conduct the training, content of training, and when it is scheduled.
(c)	The nutrition services provider's registered dietitian shall review and approve the content of all staff training prior to presentation.
(d)	A minimum of four (4) hours of staff training shall be provided annually, by providers, for paid and volunteer food service staff, including congregate and home-delivered meal staff.
(e)	Training sessions shall be evaluated by those receiving the training.
(f)	Documentation of training to include evaluations and attendance records, as required in subsection 7636.7(c) below.

Section V - Reporting and Recordkeeping

The nutrition services provider shall develop and maintain records on congregate and home-delivered meal participants.

Procedures should be established to ensure the accuracy and authenticity of the number of eligible participant meals served each day.

The records and reports shall be made available for audit, assessment, or inspection of DAAS staff.

All information about, or obtained from, a participant's records shall be maintained in a confidential manner.

Program Reporting

Each nutrition provider must complete and submit to DAAS the Nutrition Monthly Service Unit Report by the 5th day of the month

Nutrition Monthly Service Unit Report Guidelines

Identification sections:

Type of Report	New – Check “new” to report new data each month Correction - Check “correction” to correct or update information that was previously reported during the current fiscal year.
Provider Name	Enter the name of the Provider. For example: City of Los Angeles
Contact Person & Phone	Enter the individual' name who is responsible for reviewing the completed report and is ultimately responsible for the accuracy of the report.
Provider Number	Enter the provider assigned number..
Month and Year	Enter the month and year of the reporting period which is always the prior month.

Section I – Individual Site Data

- In this section, list the names of all the individual sites and complete the number of C-1 and C-2 meals. If a nutrition education presentation was completed during the reporting period, please indicate on the form. At the end of the column, after all the sites have been listed, write in the word “Total”. Next, add all the numbers in each column.
- **Section II - Service Units** – In this section, you will enter the total number of service units.

04	Home Delivered Meals
Number of Meals Delivered	The number of meals delivered is the total number of meals delivered for the project. This number is the sum of the C-2 meals by site from Section II
Number of Clients on Waiting List	Indicate the number of seniors that are on the waiting list.
Number of Days Served	Indicate the number of days that meals were delivered.
007	Congregate Meals
Number of Meals Served, Age 60+	This number is the sum of all the C-1 meals from Section H.
Number of Days Served	Indicate the number of days that meals were served at the congregate site during the reporting month.

Section III – In this section, please list the number of seniors receiving a home-delivered meal by city.

**Completed by
and Date**

The “completed by” is the individual’s name who completes the report. The “date” refers to the date the report is completed.

County of San Bernardino
Department of Aging and Adult Services
Nutrition Monthly Service Unit Report

Type of Report: New	Correction:	PSA: 20
Provider Name: _____		Provider Number: _____
Contact Person: _____		Month: ____ Year: ____
Phone: () _____		

SECTION I. INDIVIDUAL SITE DATA

# of Meals Served		# Nutrition		
Site Name	C - 1	C - 2	Ed Sessions	

SECTION II. SERVICE UNITS - Enter the number of service units provided this month

Category	Description	Unit Type
04	Home Delivered Meals	
	# meals delivered	_____ Total from Section II.
	# clients on wait list	_____
	# days served	_____
07	Congregate Meals	
	# meals served age 60+	_____ Total from Section II.
	# days served	_____

Section III. SENIORS SERVED HOME DELIVERED MEALS PER CITY

Name of City	# Seniors Served

Completed by:

Date:

Verification Report

Each provider will receive a verification report on a monthly basis. The report will contain the information submitted.

Each project manager must review the information to ensure the information is accurate.

Purpose of the Report:

- The performance percentage: This tells you how the actual number of meals compares with the contracted amount. For example: at the six-month mark, your performance should be at 50%. If your performance is 38%, then you know that you need to increase the number of meals served.
- Nutrition Education Sessions: the report will maintain an accurate number of nutrition education activities on a monthly/quarterly basis.

Mistakes: If you notice a mistake on the verification report, please make the correction.

Questions: If you have any questions or concerns, please contact the DAAS Nutritionist at (909) 891-9000.

Deadlines of Required Documents

Date Due	Name of Report
Sept 2	Annual Staff Training Plan
Sept 2	Annual Nutrition Education Plan for Seniors
Apr 2	Client Satisfaction Survey Completion and Report
30 days after date of report	Quarterly monitoring

Section VI – Permits and Licenses

Each nutrition provider must be able to secure an Environmental Health Service Health Permit. This permit is issued annually after the inspector visits the facility site and deems it in an acceptable condition to produce and serve meals to seniors.

In addition, the nutrition provider shall maintain a copy of the contract Dietitian Professional License on file.

Section VII – Meal Requirements

Meal Components & Requirements

The meals should be based on the following:

(a) the following dietary guidelines

(1)	In accordance with Section 339 of the OAA (42 U.S.C. 3030g-21), each meal shall provide the following to participating individuals: <ul style="list-style-type: none">• If the program provides one (1) meal per day, a minimum of one-third ($1/3^{\text{rd}}$) of the RDAs as established by the Food and Nutrition Board, National Academy of Sciences-National Research Council (1989), which are incorporated by reference.• If the program provides two (2) meals per day, a minimum of two-thirds ($2/3^{\text{rd}}$) of the RDA.• If the program provides three (3) meals per day, one hundred (100) percent of the RDAs.
(2)	Meals shall comply with the <i>Dietary Guidelines for Americans</i> (5 th edition, 2000), published by the USDA and the U.S. Department of Health and Human Services, which is incorporated by reference.

(b) Have a meal analysis approved by a registered dietitian to ensure compliance with subsection (a) above. The meal analysis shall be based on, either:

(1)	The component criteria developed by the Department, as found in subsection (d)(1-8) below, or
(2)	A detailed nutritional analysis, as found in subsection (e) below.

(c) Food substitutions to meals originally planned must meet the requirements of this section and be approved by a registered dietitian.

(d) Meals using the component criteria developed by the Department shall ensure compliance with subsection (a) above by conforming to the following:

(1)	Each meal shall provide a weekly average caloric range of 600 to 800 kilocalories per meal.
(2)	Each meal shall provide a three (3)-ounce cooked, edible portion of meat, fish, poultry, eggs, cheese, or the protein equivalent daily.

Continued on next page

Section VII – Meal Requirements, Continued

Meal Components & Requirements (continued)

(3)	Each meal shall contain at least two (2) one-half (1/2) cup servings, drained weight or volume, of different vegetables or fruits or their juices.
(4)	Each meal shall contain at least one (1) serving of whole grain or enriched bread, or bread alternative.
(5)	Each meal shall contain eight (8) ounces of fortified, fat-free milk, low-fat milk, or buttermilk, or the calcium equivalent to one-third (1/3) of the RDAs.
(6)	Each meal shall contain one-half (1/2) cup serving of a dessert.
(7)	Each meal shall provide food(s) containing a minimum of 30 milligrams of Vitamin C. Partial strength or simulated fruit juices or drinks, when fortified with Vitamin C, may count as a Vitamin C source if at least two (2) servings of fruits and/or vegetables are included in the meal.
(8)	Food(s) containing a minimum of 300 micrograms of Vitamin A shall be served at least three (3) times per week for a five-day a week menu, and four (4) times per week for a seven-day a week menu.

(e) Meals using a detailed nutritional analysis shall conform to the following:

(1)	<p>A detailed nutritional analysis, which ensures compliance with subsection (a) above shall identify, at a minimum, the values for the following--</p> <ul style="list-style-type: none">• Vitamins: A, B (niacin, riboflavin, folic acid, thiamin, B-12), C, D, and E.• Minerals: calcium, iron, zinc, and magnesium• Fiber and kilocalories
(2)	Meals shall be analyzed on a weekly basis.

(f) Menus shall:

(1)	Be planned for a minimum of four (4) weeks.
(2)	Be posted in a location easily seen by participants at each congregate meal site.

Continued on next page

Section VII – Meal Requirements, Continued

Meal Components & Requirements (continued)

(3)	Be legible and easy to read in the language of the majority of the participants.
(4)	Reflect cultural and ethnic dietary needs of participants, when feasible and appropriate.

Vitamin A Sources

Vegetables

Asparagus
Broccoli
Carrots
Chard, Swiss
Greens, Beet
Greens, Collards
Greens, Kale
Greens, Mustard
Greens, Turnip
Lettuce, Romaine
Mixed Vegetables
Peas and Carrots
Peppers, Jalapeno
Potato, Sweet
Pumpkin
Spinach
Squash,: Butternut, Hubbard, or Winter
Tomato

Miscellaneous Food

Braunschweiger Sausage
American Cheese
Cream Cheese
Eggs, boiled
Margarine
Milk, fluid, 1%, 2% or skim
Liver, beef, braised
Pudding, vanilla with milk

Fruits

Apricots
Cantaloupe
Mango
Papaya
Peaches
Persimmon
Plums, purple
Prunes
Tangerine
Vegetable Juice Cocktail

A food that contains a minimum of 300 micrograms of Vitamin A shall be served at least three (3) times per week for a five (5) days a week menu.

Vitamin C Sources

Vegetables

Beans, Lima
Beans, Refried
Bean Sprouts
Broccoli
Brussel Sprouts
Cabbage, Chinese

Cabbage, Red or Green
Cauliflower
Chard, Swiss
Greens, Beet
Greens, Chicory
Greens, Kale
Greens, Mustard
Greens, Turnip
Jicama
Kiwi
Kolhrabi
Lettuce, loose leaf
Lettuce, Romaine
Okra
Onions
Parsnips
Peas and Carrots
Peas
Peppers
Peppers, Sweet
Pimientos
Potatoes
Potatoes, Sweet
Pumpkin
Rutabaga
Sauerkraut
Spinach

Squash: Acorn, Hubbard, or Summer
Succotash
Tomato

Fruits

Acerola
Apple with skin
Banana
Blackberries
Cantaloupe
Carambola
Casaba Melon
Elderberries
Grapefruit, pink
Grapefruit, white
Guava
Honeydew Melon
Java Plum
Kiwi
Loganberries
Mandarin Oranges
Mango
Oranges
Papaya
Persimmon
Pineapple
Raspberries
Strawberries
Tangerines
Watermelon

Each meal shall provide a minimum of 30 milligrams of Vitamin C.

NUTRITIONAL ANALYSIS

Goal—1/3 of the Recommended Dietary Allowance

Nutrient	100 %	1/3rd
Vitamin A	900 ug	300 ug
Vitamin B12	2.4 ug	0.8 ug
Vitamin C	90 mg	30 mg
Vitamin D	10 ug	5 ug
Vitamin E	15 mg	5 mg
Calcium	1200 mg	400 mg
Iron	8 mg	2.7 mg
Niacin	14 mg	5.3 mg
Riboflavin	1.3 mg	0.43 mg
Folate	400 ug	133 ug
Thiamin	1.2 mg	0.4 mg
Zinc	11 mg	3.7 mg
Magnesium	420 mg	140 mg
Phosphorus	700 mg	233 mg

Elderly Person (age 51+) 1/3rd of the RDA

Calories: 685 for males
624 for females

Protein: 19 gms for males
15 mg for females

Carbohydrates: 43 gms

Fiber: 10 gms for males
7 gms for females

(Sample: Nutritional Analysis)

Dolphin Senior Center Winter Cycle Menu – 2004

Nutritional Analysis

Calories	798
Protein	33 gms
Carbohydrate	102 gms
Fat	29 gms
Vitamin A	478 ug
Vitamin C	50 mg
Calcium	456 mg
Iron	4.4 mg
Vitamin D	2.5 ug
Vitamin E	4.2 mg
Thiamin	0.6 mg
Riboflavin	0.8 mg
Niacin	7.5 mg
Folate	127 ug
Vitamin B12	1.8 ug
Phosphorus	559 mg
Magnesium	118 mg
Zinc	4.3 mg
Dietary Fiber	9.3 g

Section VIII – Congregate Meal Program

Eligibility

Individuals eligible to receive a meal at a congregate nutrition site are:

Step	Action
1	Any older individual
2	The spouse of any older individual
3	A person with a disability, under the age (60) who resides in housing facilities occupied primarily by older individuals at which congregate nutrition service are provided.
4	A disabled individual who resides at home with and accompanies an older individual who participates in the program.
5	A volunteer under age sixty (60) may be offered a meal if doing so will not deprive an older individual of a meal.

General Information

Each Congregate Meal Provider shall:

1	Include procedures for obtaining the views of participants about the services received.
2	Not preclude the service of a meal to a participant who has failed to make a reservation when food is available.

Each congregate meal site shall meet all of the following:

1	Have a paid staff or volunteer designated to be responsible for the day-to-day activities at each site, and physically be on-site during the time that the Elderly Nutrition Programs are taking place.
2	Have restrooms, lighting, and ventilation that meet the requirements of the CURFLL.
3	Have equipment, including tables and chairs, which are sturdy and appropriate for older individuals. Tables shall be arranged to ensure ease of access and encourage socialization.

**Nutrition
Education**

Nutrition education shall be provided a minimum of four (4) times per year to participants in congregate meal programs.

- Nutrition education for the congregate sites are defined as demonstrations, presentations, lectures, or small group discussions, all of which may be augmented with printed materials. Printed materials may be used in conjunction with a congregate meal nutrition education presentation.
 - A registered dietitian shall provide input, review, and approve the content of nutrition education prior to presentation.
 - Nutrition education services shall be based on the particular need of the congregate meal participants. An annual “needs assessment” shall be performed by the nutrition services provider to make this determination.
 - A yearly written nutrition education plan shall be developed, implemented, monitored, and kept on file by the nutrition services provider.
-

Senior Nutrition Program Policy

Procedure

The Department of Aging and Adult Services will implement the following procedures, effective immediately, to facilitate Senior Nutrition Providers' compliance with the requirements of the Senior Nutrition Program.

Compliance

Each Senior Nutrition Provider ("Provider") is required to comply with the terms of the Contract with the County of San Bernardino, the mandates of the Older American Act of 1965 and its amendments, applicable provisions of the California Code of Regulations, Title 22, and the California Uniform Retail Food Facilities Law (CURRFL).

Specific Requirements

Providers shall comply with the following:

- Submit cycle menus for certification prior to implementation.
 - Submit the Nutrition Education plan on or before September 2, 2004.
 - Submit the Staff Training Plan on or before September 2, 2004.
 - Maintain required levels of insurance and submit proof of insurance in a timely fashion.
 - Submit sub-contract agreements, if any, for approval prior to execution.
 - Submit monthly reports on or before the fifth (5) working day of each following month.
 - Meet the contracted number meals monthly, quarterly and yearly.
 - Submit the Action Plans for the Food Service and Administrative Monitoring within the 30-day period.
-

Step I

Any failure to comply with the requirements set forth above, or any other terms of the Contract, will result in an initial contact by DAAS to the Provider's Program Manager, to discuss the area of concern. Details of the conversation will be documented, including the date, the content of the conversation and the Provider's plan for correcting the area of concern.

Step II

If the area of concern is not corrected within 30 days from the initial contact (as set forth in Step I above), DAAS will issue a letter to the Provider requesting the immediate correction of the area of concern, and advise of the possible reduction or withholding of payment of invoices, and/or termination of the Contract.

Step III

If the area of concern is not corrected within 60 days from the initial contact, DAAS will reduce or withhold payment of invoices, and/or terminate the Contract.

Activities and Importance

In the event a Provider fails to correct an area of concern after the initial contact from DAAS, DAAS will reduce payment, withholding payment, and/or terminate the Contract, depending on the nature of the Provider's noncompliance. Any funds withheld will not be paid until the area of concern is corrected. While not an exhaustive list, the following areas of concern will be handled as follows:

- - These activities will result in a **5% reduction of payment of invoices submitted:**
 - Failure to submit a subcontract for approval prior to execution
 - Failure to submit the Administrative Monitoring action plan
 - Failure to submit the Nutrition Education Plan for Seniors
 - Failure to submit the Staff Training Plan
 - These activities will result in a **10% reduction of payment of invoices submitted:**
 - Failure to achieve the contracted number of meals monthly or quarterly.
 - These activities will result in a **100% reduction of payment of invoices submitted:**
 - Failure to submit the monthly reports (fiscal and/or program).
 - Significant **Health and Safety Issues** and failure to maintain **Insurance** requirements will result in the immediate suspension of payment of invoices submitted by the Provider.
-

**Fiscal
Requirements**

Each Provider shall:

- Submit invoices at a minimum by the 5th working day of each month. Ensure invoices are signed and dated.
- If the Provider is NOT required to file a Single Audit Report, then supporting documentation, which includes, checks, invoices, lease agreements (rent) are to be attached to each monthly invoice to substantiate expenditures.
- Insurance certificate identifying the County as an additional insured needed within 30 days of issuance of Purchase Order or Contract
- Check status of purchasing, automated online vendor.
- Payments from the County of San Bernardino Auditor/Controller can take up to 21 days before receipt after submission of invoice.
- A completed form W-9 is needed and on file with the Auditor/Controller before payments can be issued. Fax copies are acceptable.
- Invoices are available electronically via disc or e-mail. Contact DAAS if needed.
- Requests for advances must be in writing to the Director of DAAS and itemized by budgetary category. Give brief explanation to why advance is needed.
- The Senior Nutrition Program requires 11.11% match of in-kind or cash. All match must be reported and supported by documentation.

DAAS, County, State and/or Federal officials have the right to review all records of agency to ensure accountability of Federal/State funds.

Agreement

As the authorized signatory for the Provider, the information above was reviewed with me and my initials indicate I understand and agree with the policies and procedures set forth above. I understand this Policy does not limit, modify, or amend, the existing terms of the County contract or purchase order agreement.

Questions

All questions or concerns can be addressed to DAAS' Program or Fiscal Staff at (909) 891-3900.

I have read the above and I understand the policy and procedures for the Senior Nutrition Program.

Name of Senior Nutrition Provider

Date

Print Name

Signature

Section IX – Home Delivered Nutrition Services

Eligibility

Individuals eligible to receive a home-delivered meal are:

(a)	Any older individual who is frail, as defined--
	<ol style="list-style-type: none">1. As an older individual is determined to be functionally impaired because the individual either:<ul style="list-style-type: none">• Is unable to perform at least two activities of daily living including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing or supervision, or• Due to cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
(b)	Individual is homebound by reason of illness, disability, or isolation.
(c)	A spouse of a person in subsection a & b above, regardless of age or condition, if an assessment concludes that it is in the best interest of the homebound older individual.
(d)	An individual with a disability who resides at home with older individuals if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.
(e)	Priority is given to the individual in a & b.

Requirements

Each home-delivered meal provider shall:

(a)	<p>Develop and implement criteria to assess the level of need for home-delivered nutrition services of each eligible participant.</p> <ul style="list-style-type: none">• An initial determination of eligibility may be accompanied by telephone.• A written assessment shall be completed in the home within 2 weeks of beginning meal service and shall include an assessment of the type of meal appropriate for the participant in their living environment.• An older individual eligible for receiving home-delivered meals shall be assessed for need for nutrition-related supportive services, and referred as necessary.• Reassessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.
-----	--

The Senior Nutrition must have a written policy on how seniors will be prioritized to receive services. Their eligibility plan shall be approved by DAAS prior to implementation. Each senior nutrition provider shall maintain a waiting list for the home delivered meal program.

**Nutrition
Education
Services**

- Nutrition education shall be provided a minimum of four (4) times per year to participants in home-delivered meal programs.
 - Printed materials may be used as the sole nutrition education component for the home-delivered meal participant.
 - A Registered Dietitian shall provide input, review, and approve the content of nutrition education prior to presentation.
 - Nutrition education services shall be based on the particular need of the home-delivered meal participants. An annual needs assessment shall be performed by the nutrition services provider to make this determination.
 - A yearly written nutrition education plan shall be developed, implemented, monitored, and kept on file by the nutrition services provider.
-

Section X – Food Service Operation

No other industry is as pervasive and touches the lives of so many Americans on a daily basis as the food service industry. The food service industry is complex, fast growing, and ever changing. The Senior Nutrition Program is no different. The customer, which is the individual that is 60 years or older is fast growing, complex, and very fragile health-wise.

In any type of food service establishment, it is essential to ensure that all of the food subsystems interact and achieve the desired goals. Record keeping is the basis of each subsystem. The manager cannot be available to supervise each subsystem, however, by monitoring the record keeping documents, he or she can determine if each subsystem is functioning adequately.

The cleaning schedule, production schedule, and the various temperature logs, receiving and inventory records are a few of the documents a food service establishment must have on-hand.

Cleaning Schedule

The purpose of cleaning the equipment and physical environment is to remove soil and food from the surface. The removal of soil and food prevents the appearance of rodents.

Cleaning is a 2-step task:

Step	Action
1	This step occurs when a cleaning compound or agent, such as a detergent is put in contact with a soiled surface. Pressure is applied using a brush, cloth, scrub pad, or water spray to penetrate the soil so that it can be removed during the second step.
2	Rinsing is the second step.

A cleaning schedule organizes the duties that are performed daily, weekly, and monthly. Cleaning of all equipment (stove, oven, etc) and the food facility should be assigned to personnel or volunteers.

The tasks can be scheduled in rotation so a few of them are performed each day, and by the end of the month, all will have been completed and the workers will repeat the schedule.

**Production
Schedule**

The objective of the food preparation schedule is the preparation of menu items in the needed quantity and when needed so that the desired quality at a cost appropriate to the particular food service operation.

Production is the next major subsystem in the transformation element of the food service system. Production in the generic sense is the process by which products and services are created.

The production schedule is a planning tool. It is a plan to transform resources into products. It activates the menu and provides a test of forecasting accuracy. It is individualized and varies from one page to a computer-generated print out. It is a time sequencing of events required to produce a meal.

The following elements are essential on a production schedule:

1	Name of site
2	Production date
3	Employee assignment
4	Food item
5	Preparation time schedule
6	Quantity to product
7	Special instructions

**Temperature
Logs**

Temperature has been recognized as an important factor in the control of harmful organisms. Time is an equally important factor in minimizing microbial growth during food storage, production, holding, transportation and service.

**Refrigerators
and Freezer
Temperature
Log**

The temperature of the refrigerator and freezer must be taken and recorded daily. It is preferable to be taken as the staff arrives in the morning. Irregularities must be reported to the supervisor immediately. One reason that the temperature of the freezer and refrigerator is taken is to ensure that it is working properly in order to maintain the quality of the food.

Recommended temperatures for the following foods:

Fruits and vegetables	40° – 45° F
Meats, poultry, dairy, eggs	32° – 40° F
Frozen Foods	0° – -20° F

**Food
Temperature
Logs**

Prior to the food being served or delivered, the temperature must be taken to ensure the temperature is not within the *Danger Zone* (40° – 140° F).

If you are packaging food for a home-delivered meal route, the temperature should be taken prior to packaging. If at a later time you will be serving the seniors at the congregate site, the food temperature must be taken again. The food temperature must be taken prior to each meal service. The hot food must be hot and the cold food cold.

The temperature must be taken and recorded on the temperature log. The completed log should be routinely reviewed to monitor inconsistencies.

**Inventory
Records**

Accurate records are essential to inventory control. It provides a basis for purchasing and for cost analysis.

A record must be kept for all food products and supplies as they are received and stored and again as they are issued for use in production or other areas of food service.

**Purchasing
Practices**

Purchasing is the process of obtaining the right product into a facility and to consumer at the right time and in a form that meets pre-established standards for quantity, quality, and price. Other related terms include *procurement*, *buying*, or *shopping*. Regardless of the term used, purchasing as a process involves several key functions:

•	Identification of a need to be filled by an outside source.
•	Development of specifications or detailed descriptions of desired products.
•	Determination of quantity needed.
•	Market research regarding product availability.
•	Negotiations with sellers and order placement.
•	Receiving of items and transfer into proper storage, and
•	Issuing of items.

The purchasing process begins with a well-planned menu and a thorough understanding of the market and current market conditions.

Portion Control

It is the process that ensures that the proper quantity and quality of food are purchased, received, prepared, and served.

Continued on next page

Section X – Food Service Operation, Continued

Portion Control The benefits of portion control are:
(continued)

1	Controls cost
2	Achieves desired yield
3	Achieves nutritional accountability
4	Meets meal requirements
5	Increases customer satisfaction
6	Eliminates waste

Portion Control is not only knowing what to do, but also consistently using the correct tools and methods of serving.

Portion Control Tools There are a variety of portion control tools. For the Senior Nutrition Program, coops, paddles, ladles, scales, and the steam table pan capacity are the most commonly used. Steam Table Pan Capacity:

Pan Size	Capacity/ gls	Serving Size	Ladle (oz)	Scoop #	# of servings
2-1/2 inch	2 gl	½ Cup	2 oz	8	128
4 inch	3-1/2 gl	½ Cup	4 oz	8	112
6 inch	5	½ Cup	4 oz	8	160

Handling Leftovers

(a) Food prepared at the site. Leftovers from food which has been prepared at a site shall be handled and used in the following manner:

1	All leftovers shall be covered, labeled, and dated.
2	All leftover food shall be brought to an internal temperature of 40 degrees Fahrenheit within four (4) hours. <ul style="list-style-type: none">• Hot Food should be placed in shallow containers no more than 4 inches deep, and• Refrigerated to allow for air circulation around the containers.
3	Refrigerated leftover foods shall be used within two (2) days. Frozen leftovers held at 0 degrees F shall be used within 30 days.

Continued on next page

Section X – Food Service Operation, Continued

Handling Leftovers (continued)

4	Reheating of all leftover foods shall occur rapidly to an internal temperature of 165 degrees F for 15 seconds.
5	Priority shall be given to serving leftovers as seconds to congregate participants, and
6	Leftover meals cannot be counted as additional participant meals nor are they eligible for USDA reimbursement.

(b) Leftovers at the satellite kitchens. Food prepared at a central kitchen and delivered to a satellite site shall be handled in the following manner:

1	Foods shall be served and consumed at the site.
2	Food that has been transported to the site and not eaten shall be discarded unless it is in the original, unopened container and has been maintained at proper temperature. Such items are canned juices, fresh fruits and vegetables, milk, bread, etc.
3	Priority shall be given to serving leftovers as seconds to congregate participants.
4	Leftover meals cannot be counted as additional participant meals nor are they eligible for USDA requirements.
5	Satellite leftover meals shall not be used for home-delivered meals.

(c) Hand Washing. Personal hygiene for food service personnel is fundamental for food protection and sanitation practice. Hand washing is probably the most important aspect of personal cleanliness. Unclean hands can easily transmit microbial agents to food products.

Management has the responsibility to provide (with adequate maintenance and supplies) hand washing sinks, hot water, soaps, and paper towels (or air dryers) in kitchen and rest room areas, and to encourage employees to use the facilities throughout the workday as necessary. Sinks used to prepare foods must not be used to wash hands.

Food service personnel have the responsibility to practice good personal hygiene with special attention to washing their hands when beginning work, frequently (and effectively) during the work period, and every time after having performed these activities:

- After using the bathroom
- After break time, smoking, eating, or drinking

- After chewing gum or using toothpicks
- After coughing, sneezing, blowing or touching your nose
- After touching head, hair, mouth, wounds or sores
- After touching dirty dishes, equipment, and utensils
- After touching trash, floors, and soiled linens
- After using cleaners or chemicals
- During food preparation, as necessary

As adequate hand washing is the cornerstone of aseptic practice in medical facilities, it is undoubtedly a most important factor in preventing the transmission of disease organisms in a food establishment.

(d) Proper Use of Disposable Gloves Nothing can replace good sanitary practices

Section XI – Department Policies

“Offer Versus Serve”

The Nutrition Provider shall follow the provisions of “Offer versus Serve” as found in 7 CFR 226.20 (p):

•	Each senior shall be offered all of the required meal components (milk, fruit, vegetable, grain, dessert, etc).
•	At the discretion of the senior, he/she can decline menu items. A senior can decline menu items without providing an explanation.

The offer versus serve style of service provides the senior with “choices.” He/she has the right to decline for any reason that a certain food be placed in his/her tray.

To the nutrition provider, this style of services saves on food costs, because foods that will not be eaten are not placed on the tray and will not end up in the trashcan. This food can then be served to another senior that likes the particular food item and if there are any leftovers, it may be served again. Lastly, if there is a large number of seniors that are declining a specific food item, then the nutrition provider should consider replacing that particular food item.

To properly implement this type of service, the food service employees must ask each senior as they approach the service line if they would like all the entrees on the menu. This system also encourages the food service staff to greet each senior warmly.

Donation

Guidelines:

•	All participants shall be given the opportunity to contribute to the costs of the meals.
•	The nutrition provider shall develop a suggested contribution/donation rate. When developing the contribution/donation rate, the provider must take into consideration the income ranges of the seniors within the community and the provider’s other sources of income.
•	A sign indicating the suggested contribution for eligible individuals, and the fees for guests shall be posted near the contribution container at the congregate meal site.

Continued on next page

Section XI – Department Policies, Continued

Donation (continued)

•	Encourage seniors to donate by posting motivational signs and by verbally reminding the participants about the importance of their contributions.
•	The participant shall determine the amount of his/her contribution/donation.
•	No participant shall be denied participation because of failure of inability to contribute.
•	The provider shall assure the privacy of each participant relative to his/her contribution.
•	The provider shall not in any way employ tactics which could be viewed as coercion, embarrassment and/or obligatory to the meal being provided to the senior participant. Tactics such as placing volunteers to guard the collection boxes, having participants sign in and pay before a meal ticket is given, etc., are strictly prohibited by the work plan and contract with San Bernardino County, Department of Aging and Adult Services.
•	The provider shall encourage the seniors to bring exact change. However, the hostess shall not take money or make change for the seniors. A staff member or another volunteer in another area of the congregate site can provide change. The role of the hostess is to greet the seniors as they sign in.
•	Providers shall establish written procedures to protect contributions from loss, mishandling, and theft. Such procedures shall include who and how many individuals are served and will count donation, and how the accuracy will be verified, who will deposit, etc. The written procedures should be kept on file.
•	Providers shall submit in writing to the AAA a request to increase the donation/contribution rate.

Continued on next page

Section XI – Department Policies, Continued

Donation (continued)

•	All donations/contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to facilitate access to such meals, and to provide other supportive services.
•	<u>Home-bound seniors:</u> Participants shall receive written information regarding suggested donation/contributions and procedures for making said contributions. The following information should be included: <ol style="list-style-type: none">1. It is recommended that they use checks or money orders when possible, payable to the Nutrition Provider2. Contributions can be made on a daily, weekly, or monthly basis.3. Contributions can be mailed to the Nutrition Provider or can be given to the driver at the time of delivery.4. An envelope will be provided to ensure the security and confidentiality of contributions.

Guest Fees

Definition: A guest is an individual under the age of 60 who is not married to someone that is 60+ years of age.

Guidance:

1	The Nutrition Provider shall develop the guest fee rate. The rate shall cover all meal costs.
2	These fees must be collected whether they have a complete or partial meal.
3	Guest meals shall be provided if they do not deny an eligible participant a meal.
4	Guests should sign in under a designated area for guests and their fee should be recorded as such.

Sub-Contracting

Sub-contracting are contracts for the purchase of meals, portions of meals or food preparation. Prior to entering a sub-contract, all Nutrition Providers must submit a copy of the sub-contract prior to execution.

The Director of DAAS is designated the authority to approve one or more sub-contracts provided each sub-contract meets the following terms and conditions:

Step	Action
1	The policies and procedures used in processing and awarding the sub-contracts were: <ul style="list-style-type: none">• Organized and structured• Reasonable and equitable• Documented and approved by appropriate authorities• Consistent with applicable Federal, State, and local procurement requirements• Uniformly applied, and• Open for public review and scrutiny
2	All sub-contracts the advance written approval of the Director of DAAS or his/her designee.
3	The Contractor shall be responsible for the performance of any sub-contractors and shall retain the prime responsibility for all terms and conditions set forth in this Contract, including but not limited to the responsibility for handling property in accordance with Article I, Section O and ensuring the accessibility, availability, and retention of records of sub-contractors in accordance with Article I, Section O.
4	Funds for this Contract shall not be obligated in sub-contracts for services beyond the termination date of this Contract.
5	The contractor shall have no authority to contract for, or on behalf of, or incur obligations on behalf of the County.
6	Copies of sub-contracts, memoranda and/or letters of understanding shall be on file with the Contractor and shall be made available for review at the request of the County.

Continued on next page

Section XI – Department Policies, Continued

Sub-Contracting (continued)

Step	Action
7	The Contractor shall be responsible to ensure all sub-contractors meet the insurance requirements and for monitoring all the insurance requirements in accordance with Article II, Section N.
8	The Contractor shall require all sub-contractors to indemnify, defend and save harmless the Contractor and the County, its officers, agents, and employees from any and all claims and losses accruing to or resulting from any contractors, sub-contractors, masterialmen, laborers and any other person, firm, or corporation furnishing or supplying work services, materials, or supplies in connection with any activities performed for which funds from this Contract were used and from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the sub-contractor in the performance of this Contract.
9	The Contractor shall ensure that the sub-contractor shall complete all reporting and expenditure documents requested by DAAS. These reporting and expenditure documents shall be sent to the Contractor in a timely manner and at intervals as determined by DAAS.
10	A copy of the executed sub-contract shall be submitted to the Director of DAAS.

Insurance Requirements

The Nutrition Provider shall secure and maintain throughout the term of the contract the following types of insurance with minimum limits as shown:

1	<u>Worker's Compensation</u> – A program of workers' compensation insurance or a state-approved self insurance program in amount or form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons providing services on behalf of Contractor and all risks to such persons under this Contract.
2	<u>Comprehensive General and Automobile Liability Insurance</u> – This coverage is to include contractual coverage and automobile liability coverage of owned, hired, and non-owned vehicles. The policy shall have combined single limits for bodily injury and property damage and \$3,000,000 in the aggregate <u>or</u>

Continued on next page

Section XI – Department Policies, Continued

Insurance Requirements (continued)

3	<u>Errors and Omissions Liability Insurance</u> – Combined single limits of \$1,000,000 for bodily injury and property damage and \$3,000,000 in the aggregate <u>or</u>
4	<u>Professional Liability</u> Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.

Additional Named Insured – All policies, except for Workers’ Compensation, errors and Omissions and Professional Liability policies, shall contain additional endorsements naming County and its officers, employees, agents and volunteers as additional named insured with respect to liabilities arising out of the performance of services hereunder.

No Soliciting

The Nutrition Provider shall post a “NO SOLICITING” sign on the door leading into each congregate site.

No soliciting of any kind is permitted on the premises during the lunch hours for services or goods promoted by businesses.

Opening/ Closing or Relocation of Nutrition Sites

The County of San Bernardino Department of Aging and Adult Services Senior Nutrition Program does not endorse the closing and/or relocation of senior nutrition sites. This policy is to provide guidance to the Senior Nutrition Contractors. A senior nutrition site may be closed or relocated if the following conditions exist:

1	Documented evidence of the misuse or theft of public funds by contractor or contractor’s employees.
2	Average participation is less than 5 seniors.
3	There is a threat to the health and safety of the participants, such as unsafe, unsanitary building or an unsafe neighborhood.
4	Costs of operating the site far exceed average costs for similar sites.
5	Contractor has failed to comply with the terms of the contract.

Continued on next page

Section XI – Department Policies, Continued

Opening/ Closing or Relocation of Nutrition Sites (continued)

6	When it can be shown that closing or consolidating sites is possible to serve more effectively and efficiently the same or a larger number of people, especially if another site is available within a reasonable proximity.
7	Participants do not include a significant portion of targeted seniors.

If any of these situations exist, the following steps shall be taken:

Step	Action
1	The Nutrition Provider Manager will meet with representatives of the senior nutrition site (Board of an Association, city representative or landlord(s) to discuss the situation.
2	The Nutrition Provider Manager will advise DAAS in writing of the conditions that indicate the necessity of starting the process to close or relocate the site along with documentation that the Provider has exhausted all efforts in seeking an agreement.
3	The Nutrition Provider Manager can seek assistance from DAAS staff to act as a liaison if a mutually acceptable solution to the problem cannot be found. DAAS shall be kept informed at all times of the status of the site closure or relocation.
4	Once the decision to close or relocate is final, the Nutrition Provider Manager will advise DAAS in writing and include a transition plan. The transition plan will include the steps that will be taken by the Provider to ensure that the seniors that are affected by the closure or relocation are not deprived of services.
5	Once DAAS has approved the closure or relocation of the site, the Nutrition Provider may proceed to give the sub-contractor and/or staff and participants at the site a sixty-day written notice of intent to close or relocate the site, including reason for the action.

Situations that may necessitate closure or relocation of a senior nutrition site in less than sixty days:

1	There is an immediate threat to the health or safety of the participants (e.g., asbestos, electrical problems, etc)
2	When there is a natural disaster.

Continued on next page

Section XI – Department Policies, Continued

Opening/ Closing or Relocation of Nutrition Sites (continued)

3	When the site is no longer available to the project.
---	--

Under these situations, the process of closure or relocation will be abbreviated.

Food-Born Illness Complaint Procedure

Step	Action
1	The individual receiving the complaint shall: A. Collect data 1) Who and how many? 2) What sites are involved 3) When (day and time of illness noted) B. Within an hour, notify the Site Manager
2	The Site Manager: A. Receives and reviews the data B. Informs the project director/food coordinator C. Impounds the implicated leftover (label, date, and refrigerate all).
3	The Project Director shall: A. Verify the complaint and review the data B. Verify that implicated food was impounded C. Contacts the contract registered dietician D. Contacts the Health Department E. Reports problem to the Area Agency on Aging Registered Dietician within 24 hours with the following information: 1) Site involved 2) Date of reported occurrence 3) Estimated number of persons involved 4) Investigate procedures in progress

**Project/
Contract
Registered
Dietitian...**

....Shall:

Step	Action
1	Verify the impounding of all implicated food according to procedures (dispose of food only when the health department has authorized destruction).
2	Assist the local health department personnel as needed to validate complaints and determine possible causative factor(s).
3	<p>Thoroughly review all aspects of food handling, procurement, preparation, service, and storage for compliance with established sanitation procedures:</p> <p>Review particularly for:</p> <ul style="list-style-type: none">• Avenues for contamination<ul style="list-style-type: none">○ People: coughing, sneezing, other signs of illness, skin disorders, open sores, hand-washing procedures.○ Dust, vermin, unsanitary equipment, overhead leakage• Cooking and holding temperatures of food<ul style="list-style-type: none">○ Defrosting procedures○ Food protection during handling, holding, and storage○ Dishwashing procedures
4	<p>Document findings and report to project director.</p> <ul style="list-style-type: none">• If there is a need, develop policies and procedures and an in-service training plan.• Implement new policies, procedures, and training plans.• Evaluate their effectiveness

**Withholding
Funds**

Handout

Section XII – Safety and Emergency Preparedness

First Aid Kit

It is the responsibility of the Nutrition Provider to provide each congregate site with a first aid kit.

The first aid kit shall include, but not be limited to band-aids (a variety of sizes), bandages, antiseptics, etc.

Site managers shall inspect the first aid kit periodically and replenish used supplies, as needed.

Fire Evacuation Drills/ Emergency Preparedness

- The Nutrition Provider shall develop and implement an emergency preparedness program that includes a fire evacuation plan.
 - Each congregate site shall have an evacuation plan posted that is visible to all participants
 - The Nutrition Provider staff shall be trained on the procedures required for emergency preparedness at least annually.
 - The Nutrition Provider shall conduct evacuation drills at least quarterly at the congregate sites.
-

Emergency Food Supply

The Nutrition Provider shall have a one-day supply of emergency food at each congregate site.

- This food is to be used in the event of a major disaster, power failure, and/or water shut-off, or any other disruption of services.
- The emergency food supply should consist of canned products and dry goods and disposable service ware. It is recommended to have enough food for the average attendance at each congregate site.

Example: Tuna, crackers, wax beans, mixed fruit, cookies, and milk.

If the average attendance is 25 at a congregate site, you will need to have the following (this is just an example—would need to calculate based on serving size of each container)

2	#10 cans of tuna
1	#10 can of waxed beans
1	#10 can of mixed fruit
1	Box of crackers
2	Boxes of cookies
1	Gallon of milk

Section XIII – Program Compliance

The Department of Aging and Adult Services conducts two annual monitorings to ensure that the Nutrition Provider is in compliance. One visit is unannounced and is to monitor the food service portion of the operation. The other visit which is announced reviews the administrative and management portion of the program.

Food Service Monitoring

The food service monitoring reviews the food operation from the production of the meal until the meal is served and the clean-up process. The inspection looks at temperature checks, cleanliness of the facility and the equipment that is used, inventory control and how food borne illness is prevented.

Administrative and Management Monitoring

The administrative and management monitoring review the procedures and policies that should be in place to ensure that the operation runs smoothly. The inspection looks for the implementation of the annual staff training plan, the nutrition education plan, the quarterly evacuation drills, if the corrective action plan from the previous monitoring was implemented, and other issues.

Monitoring Report

After each monitoring visit, a report is compiled and if there are any findings, those are identified. The report is sent to the Nutrition Provider, who has 30 working days to submit a work plan delineating what steps will be taken to correct the findings or items out of compliance.

Monitoring Tool for Title IIIC - Nutrition Services	
C-1 and C-2	

Contractor _____ **Review Period:** _____ **Review date:** _____

Contact Person _____ **Reviewers:** _____

[illegible]

Section I: Administrative Monitoring	Yes	No	N/A	Comments
Documents Reviewed:				
Current Copy of the Contract/Vendor Agreement				
Last monitoring, assessment, and corrective action plan				
Personnel policy and procedures				
Personnel roster/Organization chart				
Job descriptions				
Training plan for staff and volunteers				
Emergency operating procedures				
Contribution/donation procedures				
Completed satisfaction surveys				
Written complaint procedures				
Nutrition education training plan for seniors				
Volunteer Plan				
Outreach efforts--documentation				
Nutrition Monthly Service Unit Report				
C-2 documentation				
Initial assessments				
Re-assessments				
Subcontract licenses and agreements				
Quarterly site monitoring				
Menu changes				
a. Program Management				
1 Does the provider have a copy of the contract/vendor agreement?				

Section 1: Administrative Monitoring (continued)	Yes	No	N/A	Comments
2 Has the contractor taken corrective action on findings from the last year's monitoring? See documentation				
3 Does the contractor have a personnel policy and Procedures Manual?				
4 Are vacant positions recruited in an open and competitive way?				
5 Does the provider have a job application, which is free of discriminating questions?				
6 Does the provider have a personnel roster and/or organizational chart. Attach a copy				
7 Does the provider have written job descriptions available for all paid and volunteer personnel?				
8 Have there been any major changes in staffing at the organization since the last visit? Are these changes reflected in the organizational chart?				
9 How often are staff & volunteers trained? Request documentation.				
a. Are sign in sheets, evaluations, and training materials in one location?				
b. Does the contractor have signed copies on file from all staff and volunteers of the certification of .				
c. Has training been conducted for staff on the Adult Abuse Reporting Law?				
d. Does the contractor have signed copies on file from all staff and volunteers of the certification of understanding of the Adult Abuse Reporting Laws?				
10 Is a tool used to monitor job performance available? Attach a copy.				
a. Are the assigned tasks part of the performance rating?				
11 Does the program manager visit the nutrition site regularly? See documentation				

b. Emergency Preparedness:	Yes	No	N/A	Comments
1 Are emergency procedures and instructions for earthquake and fire printed and available to all staff who have contact with clients?				
2 Does the project have emergency C1 and/or C2 food preparation equipment? If yes, where is it stored and is it operational?				
3 How often does the provider conduct evacuation drills. Provide documentation				
c. Service Delivery:				
1 Are services accessible to the frail and disabled clients?				
2 Are clients referred to other services/agencies when needed?				
3 Does the provider coordinate with other community agencies towards development of a community-based system of care? Describe how				
4 Are outreach activities conducted by the provider to inform older persons in the area of available services? Specify methods and frequency.				
5 Do clients have an opportunity to comment on the quality of services to the provider?				
6 Does the provider have a written complaint procedure?				
7 Nutrition Education Plan for Seniors: * Does the provider have an approved nutrition education plan for seniors? * Does the provider have documentation of the nutrition education programs already held?				
d. Participant Contributions/Donations:				
1 Is there a written contribution/donation policy? How is it implemented?				
2 Does the provider distribute information and/or post signs in a visible area on the suggested contribution?				
3 Does the provider protect the privacy of each person with respect to his or her contribution and establish appropriate procedures to safeguard and account for all contributions?				

e. Recordkeeping:	Yes	No	N/A	Comments
1 Does the provider use DAAS issued Client Intake Form?				
2 Are all clients records maintained in a locked file so as to safeguard information against loss, destruction, or unauthorized use?				
3 Review one of the Nutrition Monthly Services Unit Report				
4 Is backup documentation available to support monthly figures reported on the Monthly Reports?				
5 Are daily sign-in sheets available that:				
a. Contain an original signature or mark for each participant receiving a meal?				
b. Contain an original signature of each staff member and person under sixty receiving a meal?				
c. Are these groups kept separate for reporting purposes?				
f. Home Delivery Program (review 10% of participants):				
1 Does the provider have a policy and procedures manual for C-2?				
2 How are clients prioritized?				
3 Is homebound participant data obtained within 2 weeks of start of service?				
4 Are eligibility forms for home-delivered meals for all clients on file.				
5 Are follow-up assessments for home-delivered meals done quarterly?				
6 Review waiting list				
7 Are home-delivered mal participants reminded of donations?				
a. If yes, by whom and how often? Provide documentation.				
8 Does the provider have a current mailing list?				
g. Subcontract Process:				
1 Does the contractor subcontract any portion of the program services or activities?				
2 Do all subcontracts provide services for a 12-month period?				
3 Does the organization maintain subcontractor's certificate of insurance in their files? Does coverage meet requirements levels in accordance with Article III, Section O.				
4 Did the project submit a copy of the subcontract for advance written approval of the DAAS Director?				
a. The contractor shall be responsible for the performance of any subcontractors and shall ret`				

responsibility for all terms and conditions set forth in

g. Subcontract Process (continued):

	Yes	No	N/A	Comments
this contract, including but not limited to, the responsibility for handling property in accordance with Article II and ensuring the accessibility, availability and retention of records of subcontractors in accordance with Article III.				
b. Copies of subcontracts, memoranda and/or letters of understanding shall be on file with the contractor and shall be made available for review at the request of the County.				
c. The Contractor shall require all subcontractors to indemnify, defend and save harmless the contractor and the County, its officers, agents, and employees from any and all claims and losses accruing to or resulting from any contractors, subcontractors, material, men, laborers, and any other person, firm, or corporation furnishing and any other person, firm, or corporation furnishing or supplying work services, materials or supplies in connection with any activities performed for which funds from this contract were used and from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the subcontractor in the performance of this contract.				
5 Does the executed subcontract meet the specific program requirements delineated in the Older Americans Act and the State of California Title XXII?				
6 Does the contractor have a copy of the subcontractor's professional license?				
7 Does the provider have copies of the quarterly food service monitoring?				
8 Does the provider have copies of the approved new menu changes?				

Summary of monitoring visit

Issues out of Compliance:

Plan of action/deadline:

- 1 The project director should resolve all of the above-mentioned issues and develop an action plan.
- 2 The action plan should be sent to Aging & Adult Services within 30 days of the receipt of this monitoring.
- 3 Aging & Adult Services will conduct a follow-up visit to ensure that all of the above-mentioned issues are resolved.

Reviewer

Date

Duties and Responsibilities of the Provider's Registered Dietitian

A Review of Title XXII

I. 7636.1

Each nutrition provider shall establish and administer nutrition services with the advice of a registered dietitian in accordance with Section 339 of Older American Act.

What are the responsibilities of the Provider RD?

1. 7636.1 (b) (6)

At a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities.

2. 7636.5 (b)

Shall review and approve the content of staff training prior to presentation. All staff, paid and volunteer shall be oriented, and trained to perform their assigned responsibilities and tasks. A minimum of 4 hours shall be provided annually.

3. 7638.5

Write or review the monthly or cycle menus and sign off that they meet the federal and state regulations. Approve the menu changes.

4. 7638.11

Develop, review or implement a yearly nutrition education plan for participants. Shall be provided a minimum of four (4) times per year to participants in congregate and home-delivered meal programs. RD shall provide input, review, and approve the content nutrition education prior to presentations.

5. 7638.13

Nutrition counseling: each provider should have written policies and procedures which ensures that it is provided. Nutrition counseling may be provided when feasible and appropriate.

Monitoring Tool for Title III C - Nutrition Services

C-1 and C-2

Contractor _____ Site _____ Date of visit _____

Reviewer: Aleida Gordon _____ Site Mgr _____ Program Mgr _____

Section II: Food Service Monitoring

A. Menu:

	Yes	No	N/A	Comments
1. Is the menu designed to meet program guidelines?	x			
2. Length of cycle menu.				
3. Meal served as written. Substitutions/additions approved by the contract RD?				
Entrée _____				
Bread or bread alternative _____				
Vegetable _____				
Fruit _____				
Milk _____				
Other _____				

B. Kitchen Area:

1. Are the floors, walls, and ceilings clean?				
2. Are the doors and windows clean and screened?				
3. Are the fans clean?				
4. Are the screens and hood clean?				
5. Are the ovens clean?				
6. Are the cutting boards clean and in good condition?				
7. Are the counters, drawers, and shelves clean?				
8. Is the kitchen area well lighted?				
9. Are there floor mats and are they clean and in good condition?				
10. Are the potholders clean and in good condition?				
11. Are the certified menus posted?				
12. Is the food-borne illness complaint procedure posted?				
13. Is the cleaning schedule posted & appropriate?				
14. Are there "No Smoking" signs posted?				
15. Are there "Handwashing" signs posted?				

Section II: Food Service Monitoring

(Continued)

	Yes	No	N/A	Comments
16. Is the food production schedule completed & up to date?				
17. Are the standardized recipes used & maintained on file?				
18. Is the kitchen area free of pests?				
19. Are the garbage containers clean, lined, and with tight fitting lids?				
20. Are the kitchen sinks clean?				
21. Carts and dollies clean and in good repair?				
22. Fire extinguisher inspected?				
23. Electrical cords and equipment in good repair?				
C. Sanitation:				
1. Is there a current health certificate/permit posted?				
2. Refrigerators:				
a. Thermometer in use? (45 degrees)				
b. Clean and in good repair?				
c. Food covered, dated, and labeled?				
d. Food stored above the floor on clean surface?				
e. Temperature Log Maintained				
3. Freezers:				
a. Thermometer in use? (0 degrees)				
b. Clean and in good repair?				
c. Food covered, and labeled?				
d. Appropriate defrosting procedures?				
e. Temperature Log Maintained				
4. Dishwashing:				
a. Area and machine clean?				
b. Proper procedure posted?				
c. Minimum of 2 compartment sink?				
d. Appropriate solutions are used?				
5. Storage Area:				
a. Clean, orderly, and adequate?				
b. Stock rotation (FIFO)?				
c. Food/Non-Food separated?				
d. 6 inches off the floor?				

Section II: Food Service Monitoring

	Yes	No	N/A	Comments
(Continued - 5. Storage Area)				
e. 2 inches away from the wall?				
f. Appropriate temperature?				
g. Cans labeled and dated?				
h. Opened foods in reseal able containers/labeled?				
i. Personal items stored separately from food?				
j. Emergency food-available /dated?				
k. Inventory records.				
6. Service Area:				
a. Steam table clean?				
b. Area clean and in order?				
7. Dining Room:				
a. Clean and orderly?				
b. Adequate space between tables?				
c. Tables and chairs sturdy?				
d. Is the "taking food out at own risk" posted?				
e. Evacuation plan posted?				
8. Facilities:				
a. Free from pests (flies, roaches, etc)?				
b. Adequate parking?				
c. Restroom clean and stocked?				
d. Handicapped accessible?				
e. Mop and bucket are clean and rinsed?				
f. "No soliciting" sign is posted?				
g. First aid kit available and stocked?				
g. Yellow wet floor signs are available?				
D. Congregate Site:				
1. Contribution box available and locked?				
a. Donation rate posted/guest fee?				
b. Donation is confidential?				
c. Sign-in Sheet available?				
d. Location of the donation box.				
e. How is the money handled after meal service?				
f. Is there a check and balance system in place?				

Section II: Food Service Monitoring

(Continued - 2. Meal Service)

2. Meal Service:

	Yes	No	N/A	Comments
a. Temperature checked prior to service and recorded? Check temperature log				
b. Food properly prepared/cooked?				
c. Holding time between completion of cooking & beginning of services is no more than 2 hours?				
d. Food attractive and tasteful?				
e. Proper portion control followed?				
f. Appropriate utensils used?				
g. Proper use of disposable gloves?				
h. Meals served on time/length of service?				
i. Is the participant given the opportunity to decline an entrée (offer vs serve)?				
j. Seconds made available?				
k. Service orderly and efficient?				
l. Servers pleasant and friendly?				
m. Amount of leftover after meal service?				
n. Handling & utilization of leftover?				
o. Additional fluid available.				
p. Amount of plate waste?				
3. Staff and Volunteers:				
a. Sufficient number of volunteers?				
b. Hair covered?				
c. Clean apron?				
d. Closed-toe shoes?				
e. Hand washing prior to meal?				
f. Appropriate use of gloves				
g. Food handlers' card available				

E. Home Delivered Meals:

	Yes	No	N/A	Comments
a. Time packaged _____				
b. Time driver left for delivery _____				
c. Time of last delivery _____				
d. Initial temperature recorded (before delivery) hot ____ cold ____				
e. Temperature at the last delivery hot ____ cold ____				
f. Temperature log maintained by driver?				
g. Total number of routes per provider ____				
h. Number of drivers _____				
i. Total number of home-delivered meals per provider _____				
j. Number of meals delivered by driver on inspection date _____				
k. Are all menu items present?				
l. Are containers clean and sealed well?				
m. Is delivery time within the allowed time limit for hot or cold foods?				

Issues out of compliance:

- 1
- 2
- 3
- 4
- 5
- 6

Plan of Action:

- 1 The Project Director should resolve the above-mentioned issues and develop an action plan.
- 2 The action plan should be sent to Aging & Adult Services (686 E. Mill Street, San Bernardino, CA 92415-0640) within 30 days of the receipt of this monitoring.
- 3 Aging and Adult Services will conduct a follow-up visit to ensure that all of the above-mentioned issues are resolved.

Reviewer

Date

Department of Aging and Adult Services

Senior Nutrition Program

Food Safety Standards

The Senior Nutrition Provider and their food service staff (paid staff and volunteers) shall comply with the following standards:

1. All employees and volunteers shall have a valid San Bernardino County Department of Environmental Health Services (DEHS) Food Handlers' Certificate.
2. One employee at each site shall possess a current Serv-Safe Certification.
3. All employees preparing, serving or handling food or utensils shall wear clean, washable outer garments or other clean uniforms.
4. All employees shall wear hairnets confining **ALL** hair to prevent the contamination of food, equipment or utensils.
5. All employees shall remove their aprons when they are going to use the restroom.
6. All employees shall wash their hands and any portion of their arms exposed to direct food contact.
7. All employees shall wash their hands:
 - a. Immediately before engaging in food preparation, including working with unpackaged food, clean equipment and utensils, and unwrapped single-service food containers and utensils.
 - b. As often as necessary, during food preparation, to remove soil, and contamination and to prevent cross-contamination when changing tasks.
 - c. When switching between working with raw foods and working with ready-to eat foods.
 - d. Before dispensing or serving food or handling clean tableware and serving utensils in the food service area.
 - e. After touching bare human body parts other than clean hands and clean exposed portions of arms.
 - f. After using the toilet room.

- g. After coughing, sneezing, using an handkerchief or disposable tissue, using tobacco, eating or drinking.
 - h. After handling soiled equipment or utensils.
 - i. After engaging in any other activities that contaminate the hands.
- 8. All employees shall not use tobacco or any form where food is prepared, served, or stored or where utensils are cleaned and stored.
- 9. All employees shall use utensils, including scoops, forks, ladles, tongs, etc to assemble ready to eat food or to place ready to eat food on plates or trays. Utensils shall be properly sanitized before reuse.
- 10. All employees shall not wear artificial nails or nail polish and shall maintain nails short and clean.
- 11. All employees shall use gloves when contacting food and food contact surfaces. The gloves shall be changed and replaced as often as hand washing is required.
- 12. All employees shall maintain potentially hazardous food at or above 135 degrees Fahrenheit or below or at 41 degrees Fahrenheit.
- 13. All employees shall take the temperature of the food upon arrival from the central kitchen and prior to service. Food temperature shall be recorded and maintained on file.
- 14. Prior to meal service, the temperature of the food should be:
 - Protein foods (meats) 165 degree F
 - Other food 140 degree F
 - Cold Foods 41 degree F

If you have any questions or concerns please contact the DAAS Nutritionist at (909) 891-9000.